

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048134

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12000

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

VS 300
Rev. 4/59

1

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13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

FILED DEC 21 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

3. NAME OF DECEASED
(Type or print)

5. SEX

Male

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chipper

13a. FATHER'S NAME

William Allred

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Malnutrition

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

G. I. Malignancy

DUE TO (c)

159X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12-10-62

to

12-12-62

and last saw him alive on

12-12-62

Death occurred at

5:50

P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

2601 N. Whittier

12-13-62

23. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/17/62

23c. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

23d. LOCATION (City, town, or county) (State)

Lucus-Hunt Rd. St. Louis, Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Grant Johnson 2615 Marcus Ave.

DEC 14 1962

Road Smith M.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY OR TOWN

d. STREET ADDRESS (If outside, give location)

2411 No. Taylor

Inside Limits

Yes ☐ No ☐

Reside on Farm

Yes ☐ No ☐

4. DATE OF DEATH

Month

12

Day

12

Year

62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/21/98

9. AGE (last birthday)

64

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

X

Student _____
Signature of Student Embalmer

Signed F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Selmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.